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7590 05/31/2007 CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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Rochester, NT 1	4003-1031									(Signature)	
										(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN	TOR ATTORNEY D			RNEY DOCKET NO.	DOCKET NO. CONFIRMATION NO.		
10/502,284	07/22/2004	07/22/2004		Fabio Rinaldi				27419/150		1852	
TITLE OF INVENTION	: COMPOSITION FOR	PHARMA	CEUTICAL O				······				
APPLN, TYPE	SMALL ENTITY	ISSUE	FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE			
nonprovisional	nonprovisional YES		5700	\$300		\$0	\$1000		08/31/2007		
EXAMINER		ART UNIT		CLASS-SUBCLASS	S						
KOSAR, ANDREW D		1	1654	514-002000							
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				(1) the names of tor agents OR, alter (2) the name of a registered attorney 2 registered patent	For printing on the patent front page, list the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a gistered attorney or agent) and the names of up to egistered patent attorneys or agents. If no name is ted, no name will be printed. 1 Nixon Peabody LLP 2 3						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth (A) NAME OF ASSIGNATION (A) STATE OF ASSIGNATION (A) NAME OF	ess an assignee is ident 1 in 37 CFR 3.11. Comp GNEE	ified below lletion of th	RINTED ON To assignee on a ssignee on a ssignee on a signee on a signee of a s	data will appear on t Γ a substitute for filin (B) RESIDENCE: (6	the pa g an a CITY	tent. If an assigne assignment. and STATE OR Co	OUNT!	RY)			
Please check the appropri	ate assignee category or	categories	(will not be pr	inted on the patent):		Individual 💟 Co.	rporatio	on or other private gro	up entity	y Government	
4a. The following fee(s) are submitted: State Sta				 ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1138 (enclose an extra copy of this form). 							
5. Change in Entity Stat a. Applicant claims NOTE: The Issue Fee and	s SMALL ENTITY statt	is. See 37 (• •	-			TTY status. See 37 CF			
interest as shown by the r	ecords of the United Sta	tes Patent a	and Trademark	Office.				7			
Authorized Signature h. h. h. h.				Date 8 (28/07							
Typed or printed name		Registration No. 32,163									
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